

The causes of gleet, as well as the source of the urethral discharge, are, doubtless, well understood. The laxity of the mucous membrane is a confessed result of the primary acute disease and the unsubdued—the subacute inflammation of Cowper's glands and of the prostate, is believed to occasion the pouring forth of much of the obstinate abnormal secretion. But many have gone further, and attributed to "irritation" of the ejaculatory ducts the presence of a glairy fluid in the urethral opening antecedent or subsequent to the voidance of the urine, and they style such a morbid condition spermatorrhœa. I, however, am convinced, from microscopic examination of the discharge in a considerable number of such cases, that, in nearly half the instances, neither spermatie particles nor cysts of evolution can be detected in it. I am of opinion that the prostate is the organ in which the disease is lurking, and that it pours forth its constant and excessive secretion in spite of copaiva and the bougie.

Having for several years used a solution of nitrate of strychnia with excellent success as a topical application, in chronic ophthalmic catarrh, I was induced to apply the same remedy by injection to the urethral lining. I discovered that its effect was singularly beneficial in gleet not depending upon stricture, accompanied or not by disease of the prostate gland, which, if neglected, terminates in hypertrophic enlargement. Farther experiment proved to me the efficacy of the internal administration of nux vomica in arresting the morbid urethral or prostatic discharge. Quinine was used with it as an adjuvant, and hyoseyamus added with a view of soothing irritation of the vesical neck, although that agent has been supposed to control the action of strychnia. The effect of this treatment has been such as to rob vexatiously enduring gleets of their annoying persistence, and to create the hope that others may derive equal pleasure from its employment.

R. Strychnia gr. ij;

Acid. nit. fort. gtt. iv;

Aquæ ʒij. Ft. sol.

S. Inject one drachm thrice a day after miction.

R. Ext. nucei vomice gr. xij;

Sulph. quiniæ,

Ext. hyoseyami, aa gr. xxiv. M.

In pil. No. xxiv. divid. S. Two pills to be taken an hour before each meal.

I also recommend the use of lean meats, and abstinence for a fortnight from salted and smoked meats, and from saccharine articles of diet in the usual proportion.

DOMESTIC SUMMARY.

Report of the Committee of the College of Physicians of Philadelphia, appointed to examine into the Condition of the Mucous Membrane of the Intestinal Canal, in persons dying of Cholera. (Read to the College December 4th, 1849, and published in No. 1, Vol. III., of the Summary of their Transactions.)

Science is positive only when its facts are positive. A subject, the phenomena of which are numerous and complex, can be understood only when each of its phenomena or facts has been analyzed, and positively ascertained.

In epidemic cholera, the most prominent and constant phenomena are purging and vomiting; and in ninety or more, of one hundred cases, these phenomena appear to induce the condition, that usually terminates fatally.

It is, therefore, an important object in determining the phenomena of cholera, to ascertain whether any, and if any, what constant anatomical alterations can be detected in the intestinal canal of cholera patients who have succumbed under the disease.

The college, with the view to obtain, as far as possible, accurate information on this single question, appointed the undersigned, at the meeting held on the 19th day of June last, a committee to investigate this subject.

The committee having attended to this duty, submit the following report:—

The ordinary autopsical examinations, heretofore practiced, have failed to yield any satisfactory information, and are nearly useless for the purposes of science.

Extensive structural lesions may exist, that cannot be seen, or very imperfectly discerned by the unaided sight, and without proper preparation.

It was determined by the committee that the intestines, before being submitted to examination, should be finely injected, and subsequently inspected with the microscope.

This task was undertaken for the committee, by Dr. John Neill, Demonstrator of Anatomy in the University of Pennsylvania. The admirable manner in which he has performed this duty, can be judged of by the beautiful preparations now on the table, which he has presented to the college for its museum.

The injections are made with turpentine coloured with vermilion. It was found by Doctor Neill, that when he employed size, it did not penetrate well, and numbers of capillaries were not filled; the same result occurred when Canada balsam was used. It led, at first, to the supposition that the capillaries were destroyed by the disease. The method last adopted, as the fine preparations on the table demonstrate, shows the perfect integrity of the capillaries.

A healthy intestine, taken from a subject who had died of pleurisy, was first injected as a standard of comparison. Specimen No. 8 exhibits the healthy mucous membrane injected, deprived of its epithelium: No. 9 presents the same, with the epithelium undisturbed.

The committee, confining themselves strictly to the single object for which they were appointed, report the following facts as the result of their investigation. The preparations and drawings on the table will enable the fellows to determine on the accuracy of the statement.

1st. In the recent subject, the peritoneal coat, like all the serous membranes, was in all, remarkably dry. The lubricating serosity is deficient in the serous membranes.

2d. The epithelial layer of the intestinal mucous membrane was, in all the specimens, either entirely removed, or was detached, adhering loosely as a pulpy layer, mixed with mucus, or an albuminoid substance.

The first, or the denuded membrane, is exhibited in specimens Nos. 1 and 2.

The second, or the adhering pulpy layer of epithelium and mucus, is seen in specimens 3 and 4. In these the layer is hardened by chloride of zinc.

The true epithelial character of this layer is also shown in the microscopic specimen No. 1, and in the drawing, Fig. 6, by Mr. Stout, artist, and a duplicate by Dr. Neill.

3d. *Peyerian Glands.* Peyer's glands were developed to a greater or less extent in all the cases examined. Specimens Nos. 5 and 6, and drawing Fig. 1, exhibit this state of the glands. In specimen No. 6, the gland is 9 inches in length.

Specimen No. 7 presents a gland of Peyer, injected and dried, and drawing Fig. 2 represents an injected gland.

4th. *Solitary Glands.* These were also developed, and contained, in the recent subject, a minute quantity of white substance. They are seen in specimen No. 10, and are represented in drawing Fig. 3. These enlarged solitary glands have the appearances designated by Serres and Nonat, as psorenteric.

The villi covering the glands of Peyer, and the solitary glands, present the same appearances as in other parts of the same intestine, exhibited in No. 11.

5th. *Villi.* They are denuded of the epithelial covering, but are unchanged in other respects. The drawing Fig. 7 (a) represents this state of the villi; and it is beautifully demonstrated in the microscopic specimen No. 2.

The internal structure of a villus is shown in drawing Fig. 7 (b).

6th. *Capillary Vessels.* These are entire, and manifest no departure from their normal state. The appearances of the capillaries of a cholera intestine are identical with those of the healthy mucous membrane when the epithelium has been removed. In the natural state, the epithelium, from its thickness, conceals the injected capillaries.

The microscopic specimens, Nos. 3 and 4, show the capillaries of the cholera intestine injected.

Drawing Fig. 5 represents the healthy intestine injected and the epithelium removed.

Specimen No. 9 is a healthy intestine injected, the epithelium undisturbed. Drawing Fig. 4 represents the capillaries of the cholera intestine.

In no instance was a vesicular eruption observed. In some of the dry (No. 12) specimens, there is an appearance that might be mistaken for it, but it is an emphysematous state, resulting from commencing putrefaction.

The foregoing facts are derived from the examination of twenty-five subjects.

They are illustrated by the preparations and drawings on the table. These consist of eleven mounted, wet, and twelve dry preparations, four fitted for the microscope, and seven drawings.

SAMUEL JACKSON, M. D.
JOHN NEILL, M. D.
HENRY H. SMITH, M. D.
WILLIAM PEPPER, M. D.

Explanations of the illustrations drawn from Dr. Neill's preparations:—

- FIGURE 1. Peyerian gland, from the ileum; natural size. Cholera.
FIGURE 2. Peyerian gland, partially injected; natural size. Cholera.
FIGURE 3. Solitary glands, psorenteric; natural size. Cholera.
FIGURE 4. Follicles of Lieberkuhn, and villi, with their capillaries injected; magnified seventy diameters. Cholera.
FIGURE 5. Villi, and their capillaries, from a patient who died of plenrisy; magnified seventy diameters.
FIGURE 6. The pulpy layer of epithelium and muens: treated with acetic acid; three hundred diameters.
FIGURE 7. (a.) Villus, from a cholera patient, deprived of epithelium; three hundred diameters.
(b.) Villus, showing structure: three hundred diameters.

This was removed from the villi of a cholera patient.

Fig. 1.

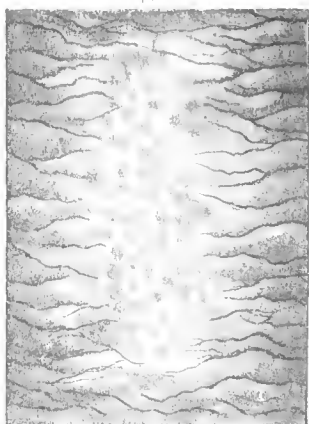


Fig. 2.

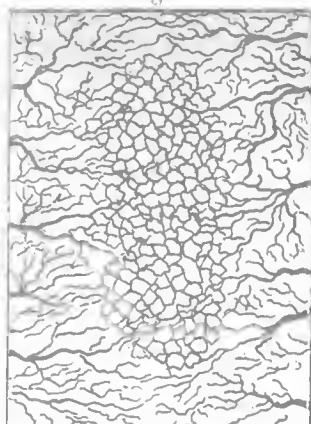


Fig. 3.

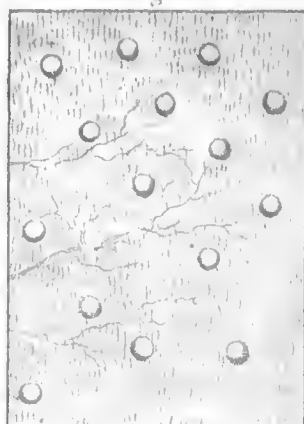


Fig. 4.

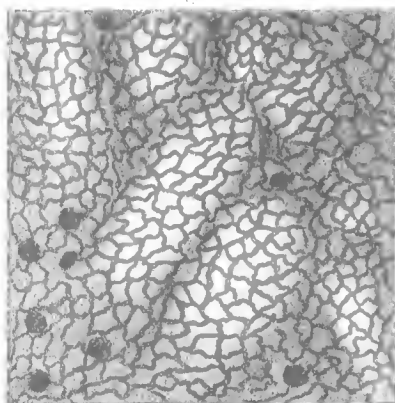


Fig. 5.

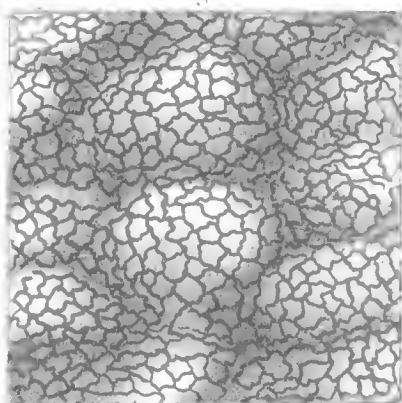


Fig. 6.

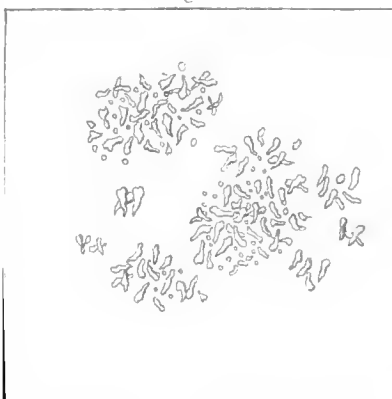
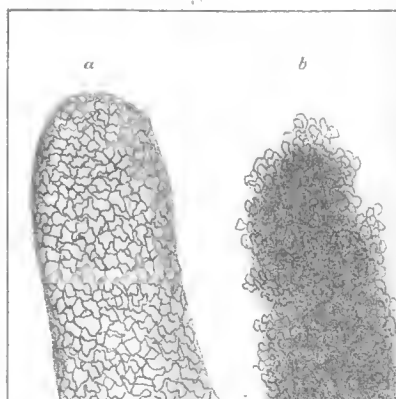


Fig. 7.



Drawn from Doct. Neill's Preparations by F. Stout.

Ulcerations of the Vagina, connected with the States of Utero-Gestation and Lactation.—Prof. BRAINARD, of Chicago, states (*Northwestern Med. and Surg. Journ.*, Nov. 1849) that the condition of the system which produces ulceration of the mouth in nursing women, likewise gives rise to a similar condition of the vaginal surface, and apparently of the small intestines. This condition, he says, is that of anæmia. "Those who have been bled often or confined to a low diet, or affected with diarrhoea, or frequently purged, are the persons affected. It is usually attended by a leucophlegmatic state, pallor of all the tissues, costiveness or diarrhoea, and frequent desire to urinate, with smarting pain on urinating. In the Western States the diarrhoea usually attacks persons recently arrived from the Eastern States or foreign countries, and is often persistent, and even dangerous. Women in the states of gestation, or nursing, who labour under this affection, are generally attacked with these mucous ulcerations."

The treatment most effectual, according to Dr. Brainard, is a general course of tonics—iron and the vegetable bitters—and with nourishing abundant food, with beer or water for drink, and free exercise in the open air. As a local application to the ulcerations of the mouth, no remedy deserves to be compared to the fuming muriatic acid, applied with a probe, piece of wood, or brush, to the ulcerated surface; it never fails to relieve when the ulcers are white and circumscribed. When there is a diffused redness and denudation, it should be diluted and used as a wash. Mercurials are especially to be avoided.

Use of Collodion as an External Application in Erysipelas.—Dr. J. W. FREER, of Illinois, has used (*N. W. Med. and Surg. Journ.*, Jan., 1850) collodion as an external application in an epidemic erysipelas which prevailed last spring. It was applied by means of a feather over the inflamed parts. Immediate relief followed the application, and the redness disappeared.

Dr. Freer has also used it in burns, and in common inflammation. It gives a firm coating, excluding the air, and relieving pain.

It seems, Dr. F. says, to promote resolution by driving, as it contracts, the fluid from the parts.

Treatment of Internal Hemorrhoids.—Dr. I. P. GARYN, in an interesting article in the *Southern Medical and Surgical Journal* (March, 1850), states that he has treated a considerable number of cases of internal hemorrhoids, some of them very severe and of long standing, by the use of cold water, in the following manner:—

He directs about a gill of cold water to be thrown into the rectum immediately before every attempt to evacuate the bowels, and that this enema be retained several minutes, if possible. This usually produces an evacuation of the feces, which have been so far softened on their surface, as to permit their escape without the least straining or irritation. After every evacuation, it will be proper to use ablutions of the parts, more especially in such cases as are attended by some protrusion of the bowels.

This treatment is to be continued until some days after all uneasiness is removed. In old or very severe cases, to effect such amendment generally requires several weeks. It is highly important to impress upon the patient, the absolute necessity of perseverance in the use of cold water, even though he should be so far relieved as to feel almost well, for if it be suspended too soon, a very slight cause will bring on a relapse. So decided is the relief afforded by this treatment, that few persons would be disposed hastily to abandon it, but for the inconvenience of applying it daily. The ordinary apparatus for enemata are so unwieldy, that they cannot be carried about conveniently. All difficulty from this source may be obviated by the employment of a small pewter syringe with a ring handle to the piston. One which will hold two ounces is very convenient, and may be carried in the pocket, when necessary.

When such enemata of cold water fail to procure sufficient alvine evacuations, the quantity of fluid may be increased to half a pint, or it may be necessary to resort to mild laxatives. Active purgation must be carefully avoided. The patient should be advised, never to aid the natural expulsive action of the bowels by straining. If an evacuation cannot be procured without such efforts,

it is best to postpone it until aided by the action of a laxative. If the convenience of the patient will permit, it will prove advantageous to change the usual hour for the daily defecation, to a regular hour in the evening—just before retiring for the night. This will obviate the gravitation of blood consequent upon the erect position.

This treatment will usually succeed equally well in hemorrhoids attended by hemorrhage. In this form of the disease, cold water will be found a most efficient astringent.

Poisoning with Strychnia relieved by Chloroform.—Dr. DRESBACH, of Tiffin, Ohio, reports in the *Western Lancet* (Feb. 1850), the case of a man 24 years of age who drank by mistake three ounces of a solution of strychnia containing one grain to the ounce. When seen by Dr. B. about twenty minutes afterwards, he was in the following condition: "The whole muscular system rigid—the muscles of the back and legs so rigidly contracted that it was with extreme difficulty my patient was able to walk—face drawn awry, and articulation extremely difficult—sense of burning about the stomach, tightness about the chest, with vertigo and dimness of vision—lower extremities cold, and perspiration flowing in a stream from his head and chest—his pulse small and frequent, but I did not discover any irregularity." Chloroform being the only article at hand which seemed likely to be useful, Dr. B. gave the patient at once ʒij, and in less than fifteen minutes after swallowing it, the relief, Dr. B. states, was complete.

Acute Peritonitis.—CASE of Dr. Martin Gay. There are few diseases which present, at times, greater difficulty of diagnosis than acute peritonitis—sometimes running its course to a fatal termination without presenting the usual characteristic signs of its presence. The following case, related by Dr. C. G. PUTNAM, in the *Boston Med. and Surg. Journ.* (Jan. 23, 1850), seems to have been of this character, and we transfer it to our pages in order to attract attention to the subject, and as it may contribute to aid in the detection of a disease which sometimes puts forth false signals, and sometimes is dumb, presenting no indication of the fatal mischief which is going on.

On Saturday, Jan. 5, Dr. Gay was, as usual, in good health. During the evening felt sick and took some calomel and blue pill. On going to bed, had a severe rigor, which lasted an hour, notwithstanding the assiduous application of hot flannels, &c. He took some ipecac., and, during the night, vomited several times.

On Sunday morning, he was visited by Dr. J. B. S. Jackson. He complained of distress in the head, and general soreness of the body. He had nausea, and was desirous of taking another emetic—having the feeling that the stomach and bowels needed to be relieved of their contents.

Dr. Jackson advised him to resist the vomiting as far as possible, and to take a cathartic of senna. In the afternoon, by the aid of an enema, he had free dejections, and also vomited bilious fluid. For the next two days considered himself improving, and, Dr. Jackson not being able to see him, he was not visited till Wednesday P. M., when he sent for me.

He was in bed. Skin dry and warm, respiration natural. Pulse 70, quiet. Tongue moist—somewhat coated. He had eaten a little toast at breakfast, with great relish. No thirst; but in the course of the day he had drunk large quantities of water, hoping thereby to induce perspiration. Bowels free—urine sufficient—no dysuria. General soreness on pressure of the whole body, but no one spot particularly tender. The rigor, nausea, and distress in head, with which the disease commenced, had recurred at intervals during each day; but the rigor was slight and momentary. The nausea was attended with a feeling of uneasiness and exhaustion, referred by him to the cardiac orifice. There was occasional vomiting of thin, bilious fluid, with temporary relief. He had no positive pain in the head, but a sense of depressing, nauseating distress. Indeed, the chief complaint made was of exhaustion.

The nature of the disease was not apparent. He had a mild, febrile affection, but the access and consequent series of symptoms were not those of typhoid fever. There was no pain in any internal part, and, with exception of

nausea, no striking derangement of function. Nevertheless, after so formidable a rigor, one could not but suspect the existence of grave local inflammation. The absence of acute pain, together with the unembarrassed state of the cerebral functions, excluded the idea of meningitis. The abdomen was neither full nor tense. No tenderness on pressure at any point, though repeatedly and carefully examined. The bowels responded readily to cathartics, and the only signs of functional embarrassment were the sensation of nausea and of desire for further evacuation.

His own theory was, that the symptoms were owing to a "bilious disorder of the stomach," of which he had suffered two or three attacks, and which had been attended with rigor. He had been exposed to varioloid about a fortnight before his attack, but there were no pustules to be found, and he had not the characteristic violent pain in head and back.

In the absence, therefore, of any positive indication, I advised the sparing use of effervescing drink, a mustard foot bath, and sinapisms alternately to epigastrium and back of neck.

The next morning (Thursday) I found him sitting at his table in good spirits; he had slept in the night, and all his symptoms were mitigated. Pulse 80. He had taken some arrowroot with relish. During the day, however, the nausea and vomiting returned, together with the feeling of sinking, referred to the cardiac orifice. He again proposed an emetic, but I dissuaded him, and advised a repetition of the baths, &c., and at bedtime six grains each of calomel and compound ext. of colocynth. About 4 A. M. on Friday, had vomiting and three dejections, with a sense of very great relief; but, within an hour, was suddenly seized with extreme pain in middle of the sternum, extending thence to the epigastrium. I was called at seven. His countenance was pinched and haggard—mind perfectly clear. Pulse 130, retaining some force—distressing nausea and hiccup. He had taken paregoric and half a grain of opium. I directed morphia and the inhalation of ether. Ten leeches were applied to the epigastrium. During the day, the pain was unabated and intolerable, unless when under the influence of ether, to which he resorted very frequently, and with the happiest effect. Pulse from 150 to 180. With the exception of a few short intervals, his mind was clear until within half an hour of his death, which occurred on Saturday afternoon.

On examination, after death, there was found universal inflammation of the peritoneal surface of the intestines and of the stomach. The convolutions united slightly with delicate recent lymph. There was effusion of a few ounces of serum, and, in the cavity of the pelvis, a little purulent fluid. The mucous surface of the stomach healthy—considerable injection of the vessels at the cardiac orifice.

The most remarkable feature in this case was the absence of pain and other diagnostic marks of peritonitis. I might have distrusted my examination, had it not been confirmed by other medical gentlemen who visited him. Latent peritonitis, though rare, has been fully exemplified. I can refer to six cases that have occurred in this city within the last ten years, under the care of different gentlemen well known in the profession.

Another peculiarity was the temporary amendment, suddenly followed by violent and fatal increase of disease. It would seem that, after the first onset, the inflammation—comparatively dormant—was confined to a small space, and then suddenly excited, it spread from below upwards over the whole abdomen.

Interesting Experiment with Strychnia.—The *Boston Medical and Surgical Journal* (Dec. 5th, 1850) contains the following account, communicated by DAVID WELLS, Esq., of an interesting experiment, illustrative of the poisonous effects of strychnia, recently made by Prof. AGASSIZ, at Cambridge. The subject was a large black bear, about eighteen months old. The animal was taken when young, and had been kept in captivity for a considerable period. Prof. Agassiz, being desirous to kill it for the purpose of dissection, about three grains of strychnia were administered in a biscuit. The poison, although extremely bitter, was readily swallowed. At the expiration of a few minutes, no effect having been produced, a second dose of about the same quantity was also en-

closed in a biscuit and offered. The cunning animal broke open and swallowed the biscuit, but rejected the poison. The first portion, however, had proved efficacious, and, in exactly ten minutes from the time when first administered, the animal was seized with terrible convulsions and soon died. The whole time which elapsed between the taking of the poison and the death of the animal did not exceed twenty-five minutes.³ In order to alleviate its sufferings and hasten death, a quantity of hydrocyanic acid was poured upon the nose and mouth of the bear. It did not, however, produce any sensible effect, and was not *apparently* taken into the system, as the animal at the time was nearly dead. But the subsequent effects of the poison were most remarkable. Although the bear, at the time of death, was in perfect health and strength, twenty-four hours had not elapsed before the body was in an advanced stage of decomposition. Indeed, the appearances indicated that the animal had been dead nearly two months. The interior of the body, when opened, about twenty hours after death, still retained its warmth in a considerable degree, while an offensive gas issued from every pore. The blood had not coagulated, the spinal marrow and nerves were in a semifluid state, and the flesh had assumed a leaden-gray color. The hair of the hide readily came out, on being slightly pulled. No smell of the hydrocyanic acid could be perceived.

The origin of this singular and speedy decomposition is not fully known, though it is supposed to be due to the agency of the hydrocyanic acid. A chemical examination of the blood, brain, nerves, liver, and kidneys is now going on at the Cambridge laboratory, under the direction of Prof. Horsford. One singular fact connected with the decomposition of these parts is that they all yielded, or disengaged, hydrosulphuric acid gas, with the exception of the liver, which did not.

Strangulated Inguinal Hernia reduced by an Infusion of Tobacco, swallowed by Mistake.—Dr. E. MITCHELL records a curious instance of this in a negro fellow, to whom he was called, labouring under strangulated inguinal hernia, of long continuance, attended with fecal vomiting. The warm bath, and all the methods which suggested themselves, having failed to afford relief, and a fatal result seeming to be impending, Dr. M. ordered, as a last resort, an enema of tobacco, made with ʒi of tobacco in a pint of water, and left him for the night. The next morning, to the doctor's surprise, at his visit he found the man walking about quite well. On inquiry, he learned that the patient had swallowed what was intended to be given as an enema; that it produced much prostration, accompanied by relaxation, during which the hernial tumour was spontaneously and completely reduced.

MacLise's Surgical Anatomy.—Messrs. LEA and BLANCHARD have just issued the second part of this splendid and valuable work. We shall notice it particularly in our next number, but may now state that, beautifully got up as was the previous part, this even excels it in the beauty and artistic execution of the illustrations.